

10/5

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3	1		1			
4	2		1			
5	3		1			
6	0		1			
7	0		1			
8	0		1			
9	0		1			
10	0		1			
11	0		1			
12	0		1			
13	0		1			
14	0		1			
15	0		1			
16	0		1			
17	0		1			
18	0		1			
19	0		1			
20	1		1			
21	1		1			
22	1		1			
23	2		1			
24	0		1			
25	0		1			
26	0		1			
27	0		1			
28	0		1			
29	0		1			
30	0		1			
31	0		1			
32	0		1			
33	0		1			
34	0		1			
35	1		1			
36	1		1			
37	1		1			
38	1		1			
39	0		1			
40	0		1			
41	0		1			
42	0		1			
43	0		1			
44	0		1			
45	0		1			
46	0		1			
47	0		1			
48	0		1			
49	0		1			
50	0		1			
TOTAL IND.			3			
TOTAL DEP.		69				
TOTAL CLAIMS		69				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						